## CITY OF NEW ORLEANS MILEAGE REIMBURSEMENT FORM

This form is to be completed by employees who use their privately owned vehicle for official business conducted on behalf of the City of New Orleans. This form must be signed by both the employee and the appointing authority and forwarded to the Department of Finance, Bureau of Accounting for approval.

EMPLOYEE NAME:	SS#				
ADDRESS:					
CITY:	STATE:	ZIP CODE:			
DEPARTMENT:	r				
Please select applicable type (s)	of reimbursement and attac	h mileage log:			
☐ Mileage					
☐ Parking Fee					
☐ Toll Fee					
☐ Meter Fee					
Signature of Employee		Signature of Appointing	ng Authority		

PMRC 6/4/09

## CITY OF NEW ORLEANS AUTO ALLOWANCE ADD/DELETE FORM

This form is to be completed by each employee requesting an auto allowance for approved use of a personal vehicle. The form must be signed by both the employee and the appointing authority and forwarded to the Chief Administrative Office for approval, with a copy placed in the employee's personnel folder. Send completed, signed original to Chief Operations Manager, Room 9E06 Attn: Auto Allowance

	ADD AUTHORIZATION		DELETE AUTHORIZATION				
EMPLOYEE NAME:		SS#					
DEPARTMENT:		ORG CODE:					
VEHICLE ID#	ODOMETER	ODOMETER READING					
AVERAGE MONTHY MILAGE (ESTIMATED):							
TO ADD ALLOWANCE ONLY							
Employee must initial next to all questions below (failure to complete may terminate allowance privileges)							
I acknowledge receipt to CAO Circular Memorandum No. 21 (R).							
I acknowledge that I have been authorized to use a personal vehicle for approved City business.							
EMPLOYEE SIGNAT	JRE: DATE:						
APPOINTING AUTHORITY APPROVAL / SIGNATURE: DATE:							
TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICE							
REVIEWED BY:	CAO OFFICE	/Y 1.1	DATE:				
		(Initia	als)				
Allowance Set At:	llowance Set At:miles per month						

## CITY OF NEW ORLEANS AUTO ALLOWANCE MONTHLY MILEAGE LOG

	EE NAME:			
DEPART	MENT:			
Date	Start Odometer	End Odometer	Total Miles	Activity
·				
		,		
			:	
· · · · · · · · · · · · · · · · · · ·				
EMPLOYE	EE SIGNATURE:		DATE:	
SUPERVISOR SIGNATURE: DATE:				

PMRC 6/4/09